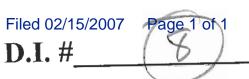
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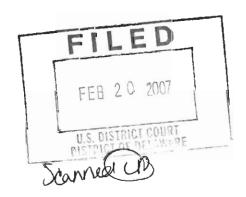


CIVIL ACTION

NUMBER: New 6865JP

U.S. POSTAL SERVICE CERTIFIED MAIL RECEIPT(S)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Deliver C. Signature X X D
Article Addressed to:	D. is delivery address different from item-1? U Yes If YES, enter delivery address below:
LOREN MEYERS DEPUTY ATTORNEY GENERAL DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WILMINGTON, DE 19801 CV CG-686 JJF	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 3220 00/03831	8668
PS Form 3811, July 1999 Domestic F	leturn Receipt 102595-99-M-1789



3001 FEB 21 AM 9: 09

CLERK U.S. DISTRICT COURT CLERK U.S. DISTRICT COURT DISTRICT OF DIEL AWARE